

## Idaho Organic Livestock Plan Questionnaire

**Please fill out this form if you are requesting organic certification of livestock (beef, sheep, poultry, etc.) and dairy stock. A separate organic Farm Plan Questionnaire must be filled out if you are growing your own feed or other organic crops for sale. Use additional sheets if necessary. Attachments required with questionnaire :Completed Livestock Inspection Application, labels.**

**For updates, please select the "☐ No Changes" option where applicable, and move on to the next section. Complete all sections where any changes have been made in the operation.**

SECTION 1: General Information				
Name		Operation name		Type of livestock operation
Address		City	State	Zip Code
Phone	Fax		E-mail	
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening			Organic Certification No.	
How many years have you raised livestock?	How many years have you raised livestock organically?	What are your sources of organic livestock information/consultation?		
Why do you raise livestock organically?				
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		
Year when complete Organic Livestock Plan Questionnaire was last submitted:				
List type of livestock or livestock products requested for certification:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> <div style="width: 30%;"><hr/></div> </div>				
For re-certification, how have you addressed conditions from last year's certification: <input type="checkbox"/> <b>No Conditions</b> <input type="checkbox"/> <b>Not Applicable</b>				
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## SECTION 2: Organic Livestock Operation Profile

List animals requested for organic certification (O), in transition (T) and conventional (C):

LIVESTOCK TYPE	NO. FEMALES			NO. MALES			NO. CASTRATED MALES			NO. YOUNG STOCK		
	O	T	C	O	T	C	O	T	C	O	T	C
Beef												
Hogs												
Sheep												
Goats												
Horse												
Dairy												
Chickens												
Turkeys												
Other types												

## SECTION 3: Source of Animals

*Organic standards require that all organic slaughter stock be sourced from certified sources unless breeding stock was purchased prior to the last third of the gestation period.*

Do you raise all slaughter animals on farm? ☐ yes ☐ no ☐ not applicable ☐ No Changes

Do you raise your own chicks/replacement egg layers on-farm? ☐ yes ☐ no ☐ No Changes

Do you raise dairy replacement animals on farm? ☐ yes ☐ no ☐ not applicable

Do you purchase your chicks/replacement egg layers? ☐ yes ☐ no

Do you purchase any livestock? ☐ yes ☐ no

If yes, give specific information on purchased livestock:

TYPE OF LIVESTOCK PURCHASED	IDENTIFICATION NO./ NAME	DATE OF PURCHASE	BIRTH/EGG PRODUCTION DATE	PURCHASE SOURCE	CERTIFIED BY WHAT AGENCY?

**DAY OLD CHICKS:**☐ Not applicable ☐ No Changes

Describe your management plan for raising chicks (heating, space allowed, etc.)

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**SECTION 4: Livestock Feed and Feed Supplements**

**Organic standards require that certified organic livestock be fed organic feed. Feed supplements should not contain non-organic protein sources or prohibited materials.**

**A. FEED:** Feed ration table for livestock and poultry:

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Females/Hens	
Males/Roosters	
Castrated males/ Capons	
Young stock/ chicks/pullets	

**Do you raise any feed on your farm?** ☐ yes ☐ no *If yes, please complete Organic Farm Plan Questionnaire.*

Describe purchased feed:

☐ No purchased feed

TYPE OF PURCHASED FEED	QUANTITY PURCHASED/ TO BE PURCHASED	DATES PURCHASED	SOURCE(S)	CERTIFIED BY WHAT AGENCY?

Do you pasture any livestock? ☐ yes ☐ no

If yes, what months are livestock pastured? \_\_\_\_\_

Do you process feed (mix, grind, roast, extrude, etc.) on-farm? ☐ yes ☐ no

If yes, is the equipment also used to process conventional products? ☐ yes ☐ no

If yes, how is equipment cleaned prior to processing organic feed to prevent contamination? \_\_\_\_\_

What is your plan for emergency feed supplies? \_\_\_\_\_

**B. FEED SUPPLEMENTS AND ADDITIVES:**

☐ No supplements used ☐ No Changes

List all feed supplements and additives, including silage inoculants, preservatives, etc.:

FEED SUPPLEMENT/ ADDITIVE	SOURCE	SYNTHETIC INGREDIENTS YES (Y) OR NO (N)	GMO YES (Y) OR NO (N)	REASON FOR USE

**C. FEED STORAGE:**

Describe your feed storage locations:

STORAGE ID#	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), CONVENTIONAL (C), BUFFER (B)

How do you control rodents in organic feed storage areas?

☐ No rodent problems

\_\_\_\_\_

**SECTION 5: Water**

*Water used for organic livestock must be readily accessible.*

What are your sources of water for livestock use?

☐ on-site well ☐ municipal ☐ river/creek/pond ☐ spring ☐ other \_\_\_\_\_

If you use additives in the water, list them and state reason for use:

☐ No additives used

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 6: Housing

**Organic standards require that livestock living conditions provide adequate mobility, fresh air and daylight, access to clean water, and clean, dry bedding.**

What type of housing do you use? \_\_\_\_\_ ☐ No Changes

Describe sizes (length x width) and number of animals per housing unit: \_\_\_\_\_

Describe type(s) of bedding, bedding must be organic if animals will ingest it: \_\_\_\_\_

How often is housing cleaned out? \_\_\_\_\_

How is housing cleaned? \_\_\_\_\_

Describe sanitation or cleaning products used: \_\_\_\_\_

Is day length regulated using artificial light? ☐ yes ☐ no

What outdoor areas other than pasture do animals use? \_\_\_\_\_

How long are animals indoors (hours per day)? \_\_\_\_\_ spring \_\_\_\_\_ summer \_\_\_\_\_ fall \_\_\_\_\_ winter

## SECTION 7: Health Management

**Organic standards require a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited treatments are used, the treated animals and/or their products may not be sold as organic, according to ISDA requirements. Records must be kept of all treatments.**

A. General Information:

Identify the general components of your animal health management program:

☐ selective breeding ☐ raise own replacement stock ☐ isolation for purchased/diseased animals ☐ culling

☐ vaccinations ☐ good sanitation ☐ access to outdoors ☐ dry bedding ☐ good ventilation in housing

☐ good quality feed ☐ pasture rotation ☐ nutritional supplements ☐ probiotics ☐ other: \_\_\_\_\_

<b>A. List health or disease problems in the last 12 months, including vaccinations given or planned:</b>				<input type="checkbox"/> No problems
HEALTH PROBLEM/ DISEASE	ANIMAL ID	PREVENTION AND MANAGEMENT PRACTICES	PRODUCT(S) USED	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

**If you use any hormones, list and state reason for use:** ☐ Not used

\_\_\_\_\_

\_\_\_\_\_

**If you use antibiotics, list in table above.** ☐ Not used

**If you use parasiticides, list in table above.** ☐ Not used

**If you use vaccinations, list in table above.** ☐ Not used

**Name and phone number of your veterinarian:**

**B. FLY CONTROL:** ☐ Not a problem

**If flies are a problem in your operation, what do you do to prevent or control them?**

\_\_\_\_\_

\_\_\_\_\_

**C. PARASITE CONTROL:** ☐ Not a problem

**If internal or external parasites are a problem in your operation, what are they and how do you prevent or control them?**

\_\_\_\_\_

\_\_\_\_\_

**D. PREDATOR CONTROL:** ☐ No Changes

**Check which predators you have problems with:** ☐ hawks ☐ feral cats ☐ raccoons/skunks, etc.

☐ dogs ☐ foxes ☐ coyotes ☐ other \_\_\_\_\_

**Describe how you handle predator problems in this table:**

PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED	APPROVED (A) RESTRICTED(R) PROHIBITED (P)

**If you use poison baits, list products in the table above.** ☐ None used

<b>E. SURGICAL PRACTICES:</b> <span style="float: right;"><input type="checkbox"/> No Changes</span> <i>Organic standards may prohibit some surgical practices, such as tail docking (except in sheep).</i>	
<b>Describe surgical practices you use:</b> <span style="float: right;"><input type="checkbox"/> Not used</span>	
SURGICAL PRACTICE	WHY USED?
Castration	
Dehorning	
Tail docking	
Other:	

**SECTION 8: Livestock Waste Management**

**What forms of livestock waste do you use:** ☐ liquid ☐ semi-solid/piled ☐ fully composted ☐ No Changes

**If waste from your livestock is used on your fields, describe how it is used:** ☐ Not used

\_\_\_\_\_

\_\_\_\_\_

**List ingredients/additives** (example: bedding, barn lime, inoculants, preservatives) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**During what months do you apply livestock waste/compost?** \_\_\_\_\_

**Describe your composting method(s):** ☐ Composting not used

\_\_\_\_\_

\_\_\_\_\_

**Estimated quantity of livestock waste generated per year:** \_\_\_\_\_ tons

**SECTION 9: Milk Handling**

***Organic standards require that milk handling procedures meet regulatory requirements for sanitation. Sanitary practices and milk quality must meet ISDA standards.***

**What type of milk handling system do you use:** ☐ No Changes ☐ We are not a dairy operation

☐ pipeline ☐ bucket ☐ bulk tank ☐ automated ☐ can cooling ☐ hand milking ☐ parlor ☐ tie stalls ☐ other \_\_\_\_\_

**How are you licensed?** ☐ Grade A ☐ Manufacturer's Grade ☐ other \_\_\_\_\_

**Describe cleaning cycle for milking equipment** (water temperature, number of washes/rinses, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of detergent used: \_\_\_\_\_

Name of acid cleaner used: \_\_\_\_\_

Name of sanitizer used: \_\_\_\_\_

List products used to clean animals:

☐ None used

Teat dips \_\_\_\_\_

Udder washes \_\_\_\_\_

What is your health management technique for mastitis prevention? \_\_\_\_\_

How many animals do you currently milk? \_\_\_\_\_

Report production average for the last six months: \_\_\_\_\_

## SECTION 10: Egg Handling and Packing

*Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained.*

☐ No Changes

Name, address, and phone number of facility where eggs are washed, graded and packed: ☐ on-farm \_\_\_\_\_

Contact person \_\_\_\_\_ Is the facility certified organic? ☐ yes ☐ no By what agency? \_\_\_\_\_

## SECTION 11: Handling for Slaughter – Slaughter facilities must be certified

☐ No Changes ☐ Do not slaughter

If you slaughter your livestock, describe slaughter and meat processing procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and phone number of facility where your animals are slaughtered: \_\_\_\_\_

Contact person \_\_\_\_\_ Is the facility certified organic? ☐ yes ☐ no By what agency? \_\_\_\_\_

How are animals loaded? \_\_\_\_\_

Do you use electric prods? ☐ yes ☐ no

What form of transportation is used? \_\_\_\_\_

How long does transportation take? \_\_\_\_\_

Are animals provided with food in transit? ☐ yes ☐ no Water? ☐ yes ☐ no

Where are animals kept after delivery to slaughter facility but before slaughter? \_\_\_\_\_

How many hours from loading until time of slaughter? \_\_\_\_\_

Are organic animals kept separate from non-organic animals? ☐ yes ☐ no



## SECTION 12: Animal Identification

Describe your identification system: \_\_\_\_\_ ☐ No Changes

\_\_\_\_\_  
\_\_\_\_\_

If animals are treated with prohibited materials, how are they identified and/or segregated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 13: Recordkeeping

***Organic standards require documentation of purchased animals and/or breeding records; purchased feed and feed supplements; health records; and sales/shipping records. Please have your records available for review by the inspector.***

Check types of records you keep: \_\_\_\_\_ ☐ No Changes

- ☐ documentation of purchased animals ☐ breeding ☐ purchased feed/feed supplements ☐ feed labels  
☐ flock health ☐ dead bird counts ☐ water usage ☐ weight gain ☐ sanitation records ☐ health  
☐ somatic cell/plate count ☐ milk production ☐ sales ☐ feed storage ☐ shipping/transportation  
☐ slaughter ☐ egg handling reports ☐ other \_\_\_\_\_

\_\_\_\_\_

## SECTION 14: Marketing

TYPE OF MARKETING: \_\_\_\_\_ ☐ No Changes

- ☐ farmers' market ☐ direct to retail ☐ CSA/subscription service ☐ on-farm retail ☐ wholesale  
☐ wholesale to processor ☐ contract to buyer ☐ other \_\_\_\_\_

Do you use the Idaho State Department of Agriculture organic seal on organic product labels? ☐ yes ☐ no  
(Attach examples of all organic product labels.)

## SECTION 15: Certification Services

Rate services provided by this certification agency: ☐ excellent ☐ satisfactory ☐ needs improvement

Please comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 16: Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed pasture areas for the last three years, nor to any animals I plan to sell as organic. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow organic standards.

Signature of Operator \_\_\_\_\_ Date \_\_\_\_\_

I have attached the following additional documents:

- ☐ **Maps of the operation** (including pasture/rotational grazing areas and showing adjoining land use and identification)
- ☐ **Water test, if applicable**
- ☐ **Pasture History Sheet** (if applicable)
- ☐ **Organic product labels for your products** (if applicable)